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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

RANDALL J. HUEBNER

Date: November 29, 2004

Serial No. : 10/717,399

Filed : November 19, 2003

Group Art Unit 3732

For : BONE PLATES WITH REFERENCE MARKS

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

STATUS REQUEST

Applicant respectfully requests a report on the status of the above-identified patent application. This application was filed one year ago, on November 19, 2003, and, to date, no action has been received. Accordingly, it would be appreciated if the Examiner would inform the undersigned if an action may be expected soon and, if so, the approximate date.

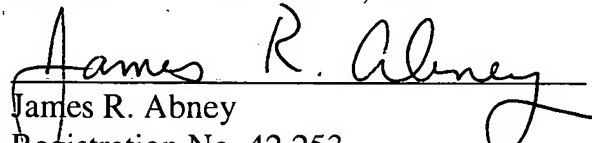
CERTIFICATE OF MAILING

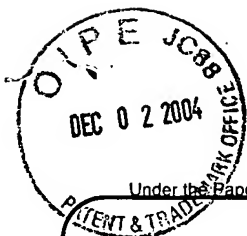
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Renee Knight

Respectfully submitted,

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/717,399

Filing Date

November 19, 2003

First Named Inventor

Randall J. Huebner

Art Unit

3732

Examiner Name

Attorney Docket Number

ACM 371

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kolisch Hartwell, P.C.		
Signature			
Printed name	James R. Abney, Esq.		
Date	November 29, 2004	Reg. No.	42,253

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Renee Knight	Date	November 29, 2004

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